RETROACTIVE MEDICAID APPLICATION

State of Michigan Department of Human Services

YES YES <th>AU.</th> <th>THORITY: Federal 42 CFR 435.</th> <th>CO</th> <th>MPLETIC</th> <th>DN: Voluntary.</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	AU.	THORITY: Federal 42 CFR 435.	CO	MPLETIC	DN: Voluntary.									
Individual or group because of race, sex, religion, ago, national origin, color, individual or group because of race, sex, religion, ago, national origin, color, individual or group because of race, sex, religion, ago, national origin, color, individual origin, color, individu	PEI	NALTY: No medical coverage will b	e authorized.			Case Nu	mber			Date				
1. My family has unpaid medical bills for the month(s) of: First Month Vear Second Month Year Month	indi heig read	vidual or group because of race, so ght, weight, marital status, political bo ding, writing, hearing, etc., under th	ex́, religion, a eliefs or disal e Americans	age, nati bility. If y with Di	onal origin, color, ou need help with sabilities Act, you	County	District	Section	Unit	Specialist	Other	ID (as requir	red)	
Month					i alea.									
Month Mo			for the mon	. ,	Manufic					NA dl-		V		
2. List yourself and the name of each family member who lived with you at any time during the first month. Check yes if the person has unpaid medical expenses this month. YES					Month	rea	ſ			Month		rear		
member who lived with you at any time during the first month. Check yes if the person has unpaid medical expenses this month. YES		▼ A	NSWER QU	ESTION	S 2-9 FOR EACH N	ИОПТН АРГ	LIED FO	R IN QUES	TION 1	. 🔻				
YES	2.	member who lived with you at any t the first month . Check yes if the pe	ime during erson has	member who lived with you at any time during the second month . Check yes if the person					member who lived with you at any time during the third month . Check yes if the person has					
YES			YES				□ Y	'ES					YES	
YES			YES				☐ Y	'ES					YES	
VES			☐ YES				□ Y	'ES					YES	
3. Was a family member(s) in a hospital, nursing home, or away from home on the last day of the first month? YES NO If YES, enter name of family member(s): NO If YES, enter name of family member enter or enter deductions NO If YES, enter name of family member enter or enter deductions NO If YES, enter name of family member enter or enter deductions NO If YES, enter name of family member enter or enter deductions NO If YES, enter name of family member enter or enter deductions NO If YES, enter name of family member enter or enter deductions NO If YES			YES				Y	'ES					YES	
home, or away from home on the last day of the first month? YES NO If YES, enter name of family member(s):			☐ YES				□ Y	'ES					YES	
(child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. INCOME: (Questions 5-7) For each month applied for, attach proof of all income received. Attach copy of court order(s) for child support paid. FIRST MONTH Total monthly earned income before deductions IYES ORD MONTH Total monthly earned income before deductions Person employed: S Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) FORSON paid any family member pay guardianship/ conservator expenses in any of the months listed 7. Did any family member pay guardianship/ conservator expenses in any of the months listed Total monthly listed Total monthly and indicate date of change. (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. Total monthly armeter preceiving child care due to employment. S S S Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) Total monthly child support paid T	3.	home, or away from home on the la the first month? \square YES \square NO	st day of	hor the	me, or away from he second month?	ast day of NO	h th	home, or away from home on the last day of the third month ? YES NO						
(child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. INCOME: (Questions 5-7) For each month applied for, attach proof of all income received. Attach copy of court order(s) for child support paid. FIRST MONTH Total monthly earned income before deductions IYES ORD MONTH Total monthly earned income before deductions Person employed: S Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) FORSON paid any family member pay guardianship/ conservator expenses in any of the months listed 7. Did any family member pay guardianship/ conservator expenses in any of the months listed Total monthly listed Total monthly and indicate date of change. (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. Total monthly armeter preceiving child care due to employment. S S S Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) Total monthly child support paid T														
S. Was any family member employed or self-employed in any of the months listed in question 1? YES NO If YES, complete the following: Person employed: Name of Self-Employed Person Did any family member pay child support in any of the months listed in question 1? YES NO If YES, complete the following: Total monthly earned income before deductions FIRST MONTH SECOND MONTH Total Names of children receiving child care due to employment. Names of children receiving child care due to employment. SECOND MONTH Total monthly earned income before deductions with the preceiving child care due to employment. SECOND MONTH Total monthly earned income before deductions with the preceiving child care due to employment. SECOND MONTH Total monthly earned income before deductions with the preceiving child care due to employment. SECOND MONTH Total monthly earned income before deductions with the preceiving child care due to employment. SECOND MONTH Total monthly earned income before deductions with the preceiving child care due to employment. SECOND MONTH Total monthly earned income before deductions with the preceiving child care due to employment. SECOND MONTH Total monthly earned income before deductions with the preceiving child care due to employment. SECOND MONTH Total monthly earned income before deductions with the preceiving child care due to employment. SECOND MONTH Total monthly earned income before deductions with the preceiving child care due to employment. SECOND MONTH Total monthly earned income before deductions with the preceiving child care due to employment. SECOND MONTH Total monthly earned income before deductions (DEPRECIATION not allowed) Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) Forest or any expense in any of the months listed income before deductions (DEPRECIATION not allowed) Total monthly child support paid Total mon	4.	(child born, family member left or re home, married, divorced, died, bega pregnancy, began or quit work) and	nber left or returned (child be ed, died, began or ended home, r uit work) and indicate pregnar				orn, family member left or returned narried, divorced, died, began or ended ncy, began or quit work) and indicate							
5. Was any family member employed or self-employed in any of the months listed in question 1?		INCOME: (Questions 5-7) For child support paid.	or each mo	onth ap	pplied for, attach	n proof of	all incon	ne receiv	red. At	ttach copy	of co	urt order(s) for	
employed or self-employed in any of the months listed in question 1?	5.	Was any family member		FIRST MONTH		s	MONTH		THIRD MONTH					
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		employed or self-employed in any of the months listed in question 1? If YES, complete the following: Total monthly exinceme be income be			Names of children receiving child care due to	Tota monthly e income b	monthly earned income before ca		child to	Total monthly ea income be	l arned efore	Names of cl receiving care due	child to	
Name of Self-Employed Person Name of Self-Employed Person Self-Employed Person An area of Self-Employed Person Self-Employed Person An area of Self-Employed Person An area of Self-Employed Federal tax deductions (DEPRECIATION not allowed) Total monthly child support child support paid Total monthly child support paid Person paying expenses: Self-Employed Federal tax deductions (DEPRECIATION not allowed) Total monthly child support paid Total mo	Per	son employed:												
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federal tax deductions (DEPRECIATION not allowed) 6. Did any family member pay child support in any of the months listed in question 1? YES NO If YES, complete the following: Person paying expenses: 7. Did any family member pay guardianship/ conservator expenses in any of the months listed federal tax deductions (DEPRECIATION not allowed) Total monthly Total monthly child support child support paid Total monthly child support paid Total			\$			\$				\$				
Did any family member pay child support in any of the months listed in question 1?			fec	leral tax d	leductions	federal tax deductions				federal tax deductions				
Did any family member pay child support in any of the months listed in question 1? YES NO If YES, complete the following: Person paying expenses: \$ 7. Did any family member pay guardianship/ conservator expenses in any of the months listed 7. Did any family member pay guardianship/ conservator expenses in any of the months listed Total monthly child support paid Polid support paid * * * * * * * * * * * * *	6													
\$ \$ \$ 7. Did any family member pay guardianship/ conservator expenses in any of the months listed 7. Did any family member pay guardianship/ conservator expenses in any of the months listed 7. Did any family member pay guardianship/ conservator expenses in any of the months listed	o .	support in any of the months listed in question 1? ☐ YES ☐ NO If		child su	pport	child support				child support				
7. Did any family member pay guardianship/ conservator expenses in any of the months listed 7. Did any family member pay guardianship/ conservator expenses in any of the months listed 7. Did any family member pay guardianship/ conservator expenses in any of the months listed	Per	son paying expenses:	Ś			\$				Ś				
· · · · · · · · · · · · · · · · · · ·	7.	conservator expenses in any of the m	hip/ onths listed	cor	nservator expenses i	pay guardiar	nonths list	ed c	onserva	amily membe	in any	of the months		

Grantee Name

Grantee Client ID

8. OTHER INCO	ME	: Ind	clude income of	all family men	nber	S.	Each item must l	be answered `	YES	or	NO.		
	FIRST MONTH Month			Year	SECON		D MONTH Month	Year	THIRD M		MONTH Month	Year	
INCOME TYPE	YES	S/NO	MONTHLY AMOUNT	WHOSE INCOME	YES	/NO	MONTHLY AMOUNT	WHOSE INCOME	YES	NO	MONTHLY AMOUNT	WHOSE INCOME	
Social Security Benefits (RSDI)			\$				\$				\$		
Supplemental Security Income (SSI)			\$				\$				\$		
Retirement or Pension Benefits			\$				\$				\$		
Veterans Benefits			\$				\$				\$		
Disability Benefits			\$				\$				\$		
Rental Income			\$				\$				\$		
Workers Compensation			\$				\$				\$		
Child Support or Alimony			\$				\$				\$		
Unemployment compensation			\$				\$				\$		
Military Allotments			\$				\$				\$		
Gambling Distributions (Casino profit sharing)			\$				\$				\$		
Other			\$				\$				\$		
9. ASSETS: Include				. Each item mus	_			tach proof of asse	et va	lue fo	or each retro month	applied for.	
	FIR	ST N	MONTH Month	Year	SEC	CON	D MONTH Month	Year	TH	RD I	MONTH Month	Year	
ASSET TYPE	YES	NO/	AMOUNT/VALUE	OWNER(S)	YES	/NO	AMOUNT/VALUE	OWNER(S)	YES	S/NO	AMOUNT/VALUE	OWNER(S)	
Cash on hand, in a safety deposit box or patient trust fund			\$				\$				\$		
Savings, Checking or Credit Union Accounts			\$				\$				\$		
Home, life estate, life lease			\$				\$				\$		
Real Estate (not your home)			\$				\$				\$		
Mortgage, land con- tract or other notes payable to household member			\$				\$				\$		
Savings bonds or money market funds			\$				ф				\$		
Stocks or mutual funds			\$				\$	_			\$		
IRA, KEOGH, 401K or deferred compensa- tion accounts			\$				\$				\$		
Trust Fund(s)			\$				\$				\$		
Life insurance			\$				\$				\$		
Annuity			\$				\$				\$		
Cars, trucks, boats, motorcycles, other vehicles			\$				\$				\$		
Tools & Equipment, Livestock or Crops			\$				\$				\$		
Funeral contracts			\$				\$				\$		
Burial plot(s), casket, etc.			\$				\$				\$		
Certificates of Deposit (C.D.) or savings certificates			\$				\$				\$		
Other			\$				\$				\$		

I CERTIFY THAT ALL INFORMATION I HAVE WRITTEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature	Date	Signature of Spouse	Date		